

## **Geologist and Specialty Application Instructions**

This application requires a fee

Use this application to apply for a geologist, engineering geologist, or hydrogeologist license. Before you complete the application, please review these instruction sheets and verify the packet contains the following forms:

- ☐ A copy of the Geologist Lawbook (*includes law and rules*) – Keep for your review. If you are downloading this application, go to the Geologist web page, [www.dol.wa.gov/business/geologist](http://www.dol.wa.gov/business/geologist), and click on Laws and rules for a copy of the current laws and rules.
- ☐ The Application for Geologist and Specialty Licensing – 2 pages (*all applicants must complete*).
- ☐ Employment and Experience Verification form (*all applicants must complete*).
- ☐ List of Specialty Projects form (*specialty applicants only*).
- ☐ Personal Reference form (*see Personal Reference section below*).
- ☐ Certification of Geologist Licensing and/or Examination form (*reciprocity applicants only*).

The applicable forms in this packet must be filled out completely, either typed or written legibly in black ink, and sent to the board office at the above address. These forms can be requested from the above address or can be found on the geologist website at [dol.wa.gov](http://dol.wa.gov) and can be completed online and printed. Please review the application procedures before completing the application.

All items in this application are mandatory. Failure to provide all of the required information will result in an incomplete application.

## Application

### A. Application for Geologist and Specialty Licensing

1. Personal Information - Fill out all sections.
2. Educational Background - The board requires certified transcript(s) of your college or university records. You must request a certified copy of your transcript to be sent to the board office. Only sealed transcripts will be accepted. Educational equivalents must be documented by providing a course syllabus, or outline, or certificate of completion for non-academic courses.
3. Licensing and Legal History – If you answer “yes” to any of the 3 questions, you must provide a written explanation on a separate sheet of paper.
4. Qualifying Experience – Please list most recent experience first.
5. Certification – Unsigned applications will not be accepted by the board. Before signing the application, you must familiarize yourself with the geologist laws and rules. If you are downloading the application packet from the geologist web site, also download the RCWs (*laws*) and WACs (*rules*) posted there. By signing the application form, you agree to abide by all the applicable laws and rules regarding the practice of geology and geology specialties.

### B. Applicant Employment and Experience Verification

1. Please send or deliver a copy of the verification form along with a copy of your application to **each** of the verifiers listed in Section 4 (Qualifying Experience) on your application. **Urge them to respond quickly and directly to the board office.**
2. This form is divided into 2 parts. The top part, Applicant Information, must be completed by you. The Verifier’s Information is to be filled out by the verifier.
3. If you are applying for a specialty, you must complete the “List of Projects (for Specialty Licensing Only)” form for each verifier.
4. If you are self-employed or cannot verify your experience because a client or business is no longer available, please call the office for guidance.

### C. List of Specialty Projects

1. Please use the codes at the bottom of the form to indicate the knowledge, skills, and abilities (KSAs) you used in each project.
2. You must have KSAs in sections A-G (*engineering geology*) or KSAs in sections H-L (*hydrogeology*) to qualify for a specialty.
3. You must document 5 years or 8,000 hours of project experience for each specialty. If you are applying for both specialties, you must have a total of 10 years experience.

### Personal Reference Form

Use this form to verify your moral character. If you have **2 or more** Employment and Experience Verifications that are attesting to your moral character, you **do not** need to use this Personal Reference form.

### Reciprocity Applicants

You must send the Certification of Geologist Licensing and/or Examination History form to your state of licensure for them to complete and return.

**Applications with incomplete information will not be processed, and will be returned.**

**Once filed, this application is a public record and is subject to public disclosure. RCW 42.56**

## Geologist and Specialty License Initial Application

FOR VALIDATION ONLY

003-070-208-0000

### Which license and method are you applying for?

**Please check all that apply:**

	Exam	Reciprocity	<b>Which exam do you want to register for?</b>
<b>Geologist</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Fundamentals of Geology</b>
<b>Engineering Geologist*</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Practice of Geology</b>
<b>Hydrogeologist*</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Both</b>

\* You must have, or apply for, a Geologist license to be eligible to apply for a specialty license

Make remittance payable to State Treasurer.  
Send this application with your remittance to:  
Department of Licensing  
PO Box 9048  
Olympia, WA 98507-9048

### 1. Personal Information – Print your name as you want it to appear on your license

Name (last, first, middle)		Maiden name (if applicable)		Gender (F or M)	Date of birth (mo, day, yr)
Street address				Social Security no.*	
City		State	Zip code	County	
Telephone no. (during normal business hours) (     )		FAX no. (     )	E-mail address		Home telephone no. (optional) (     )
If you are applying by <b>reciprocity</b> , indicate the state in which you passed an exam for licensure		State	Date of original license		License no.
If you are applying by <b>reciprocity for a specialty license</b> , indicate the state in which you passed a specialty exam for licensure		State	Specialty	Yr. licensed	License no.

\* State Law, RCW 26.23.150, requires all applicants to furnish their Social Security Number when applying for this license. If you do not have a Social Security Number, you must submit an Individual Tax Identification Number or a Declaration.

### 2. Educational Background

Name of colleges, universities, technical schools	Location	Dates of attendance from/to	Degree
Applicable education and supplemental training	Location	Dates of attendance from/to	Certificate/degree, etc.

### 3. Licensing and Legal History

1. Have you ever been convicted of a felony or misdemeanor other than a traffic violation?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
2. Have you had a professional license of any type revoked, suspended, or denied in any licensing jurisdiction?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
3. Have you received any disciplinary action against a professional license in another jurisdiction?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>If you answered Yes to any of the questions in this section, attach explanation on a separate sheet.</b>		

Place in chronological order (*most recent first*)



Give full name and complete current address of employer. Include self employment and military service	Period of Employment MO. / YR.	Length of Employment			Nature of service performed, types of projects, major duties	Verifier's Name. Attach an Employment and Experience Verification Form for each Verifier you list.
		Total Months	Avg. Hours Worked			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	FROM		PER WK.			
	TO		PER MO.			
	TOTAL	MONTHS		HOURS	if additional space is required, please attach on 8-1/2" X 11" sheet.	

if additional space is required, please attach on 8-1/2" X 11" sheet.

I hereby authorize any business associates (past and present) and any governmental agencies (local, state or federal) to release any information, files or records which may be required for a background investigation, to the Department of Licensing. I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind. Should I furnish any false information in this application, I hereby agree that such act may constitute cause for the denial, suspension or revocation of my license to practice in the state of Washington.

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

SIGNATURE \_\_\_\_\_

DATE AND PLACE



## Employment and Experience Verification

### Applicant Information – To be completed by the applicant

Applicant's name				License type applying for: <input type="checkbox"/> Geologist <input type="checkbox"/> Hydrogeologist <input type="checkbox"/> Engineering Geologist	
Current address ( <i>street, city, state, zip</i> )					Telephone no. (     )
Worked at ( <i>name and location of organization</i> )					
From ( <i>month, day, year</i> )	To ( <i>month, day, year</i> )	Total Calendar Months	Avg. Hours Per Week	Avg. Hours Per Month	Total Hours
Describe roles and responsibilities. If applying for a specialty, attach applicable list of projects.					

### Verifier's Information – To be completed by the experience verifier

The person whose name appears above has applied to the board for geologist licensing. Your information will be used to determine the applicant's eligibility for licensure. If you are not licensed as a geologist please attach a copy of your resumé. Mail this completed form to the board's office at the address shown above.			
Verifier's name			Title
Verifier's current organization			Telephone no. (     )
Organization's address ( <i>street, city, state, zip</i> )			
Your professional relationship with applicant ( <i>employer, supervisor, co-worker, other</i> )			
Your state of licensure	License type	License no.	Year of licensure
<b>Is the applicant of good moral and ethical character?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature <b>X</b>			Date
Print or type name			

## List of Projects

(For Specialty Licenses Only)

**Engineering Geologist:** Must have 5 years engineering geology experience

### Applicant's Name \_\_\_\_\_

KSA CODE(S)	TIME PERIOD MONTH/YEAR FROM/TO	PROJECT AND LOCATION	FEES OR BUDGET IF KNOWN	TYPE AND SCOPE OF SERVICES PROVIDED	CLIENT NAME, ADDRESS, AND TELEPHONE NUMBER

Use the following list to fill in the knowledge, skills, and abilities (KSAs) portion of this form in the column marked "KSA CODES." Insert the letter corresponding to the KSAs that you used on a given project. You must have A-G (*engineering geology*) to qualify for a specialty. You may also use additional white sheets of paper to supplement your remarks in certain sections.

#### Engineering Geologists

**A)** Knowledge of the geology of the state of Washington.

**B)** Skill and ability in use of geotechnical field classification systems for soil and rock.

- C)** Ability to recognize landforms from surficial and deep-seated geologic processes.
- D)** Knowledge and ability to evaluate and analyze soil and rock mechanical relationships.
- E)** Knowledge of the appropriate application of geotechnical laboratory testing methods.
- F)** Ability to interpret and portray engineering geologic information and data three dimensionally, at a scale appropriate for site-specific applications.
- G)** Knowledge and understanding of the principles of grading codes, as well as critical areas, shoreline and other pertinent regulations.

## List of Projects

(For Specialty Licenses Only)

**Hydrogeologist:** Must have 5 years hydrogeology experience

**Applicant's Name** \_\_\_\_\_

KSA CODE(S)	TIME PERIOD MONTH/YEAR FROM/TO	PROJECT AND LOCATION	FEES OR BUDGET IF KNOWN	TYPE AND SCOPE OF SERVICES PROVIDED	CLIENT NAME, ADDRESS, AND TELEPHONE NUMBER

Use the following list to fill in the knowledge, skills, and abilities (*KSAs*) portion of this form in the column marked "KSA CODES." Insert the letter corresponding to the KSAs that you used on a given project. You must have H-L (*hydrogeology*) to qualify for a specialty. You may also use additional white sheets of paper to supplement your remarks in certain sections.

**Hydrogeologists**

- H)** Knowledge of the hydrogeology of the state of Washington.
- I)** Knowledge of and skill in applying the principles of vadose and saturated zone hydraulics, and groundwater quantity and quality.

- J)** Knowledge of federal, state, county, and local regulations applicable to groundwater resources.
- K)** Ability to apply elementary soil and rock mechanics in relation to groundwater, including the description of soil and rock samples.
- L)** Ability to prepare the interpret logs as they relate to subsurface fluid movement, interaction with geologic materials and transport of energy and chemical constituents.



## Personal Reference

### Applicant Information – To be completed by the applicant

Applicant's name	Telephone no. (      )
Address ( <i>street, city, state, zip</i> )	

### Reference's Information – To be completed by the reference

The above named person has applied for licensing as a geologist or geologist specialist in the state of Washington. The Washington Geologist Licensing Board requires, as part of the licensing process, personal references to satisfy the board as to the moral and ethical character of the applicant. This form has been sent to you by the applicant. Please complete and mail this form directly to the board at the address shown above.	
Reference's name	Telephone no. (      )
Reference's address	
<b>Is the applicant of good moral and ethical character?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
Signature <b>X</b>	Date
Print or type name	





## Geologist Licensing and/or Exam History Certification

Reciprocity Applicants Only

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ State of Initial License \_\_\_\_\_

### 1. The above named person was licensed as a:

	Certificate No.	Date Issued	Valid until
<input type="checkbox"/> Geologist	_____	_____	_____
<input type="checkbox"/> Hydrogeologist	_____	_____	_____
<input type="checkbox"/> Engineering Geologist	_____	_____	_____

### 2. Basis of licensure:

	Exam Date
<input type="checkbox"/> Written Exam	
Fundamentals of Geology	_____
Practice of Geology	_____
<input type="checkbox"/> Reciprocity (state): _____	
<input type="checkbox"/> Grandparenting (state): _____	

### 3. Questions

- Has any disciplinary action ever been taken against the applicant? ☐ Yes ☐ No  
If yes, attach explanation on separate sheet(s).
- If so, has this disciplinary case been satisfied to the board's requirements? ☐ Yes ☐ No

By: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

Upon Completion, please return this form to: Department of Licensing  
Geologist Licensing Board  
PO Box 9045  
Olympia, WA 98507-9045